

VGH Emergency Department

Problems





Emergency



2 critical incidents

January 13, 2010

Cause?

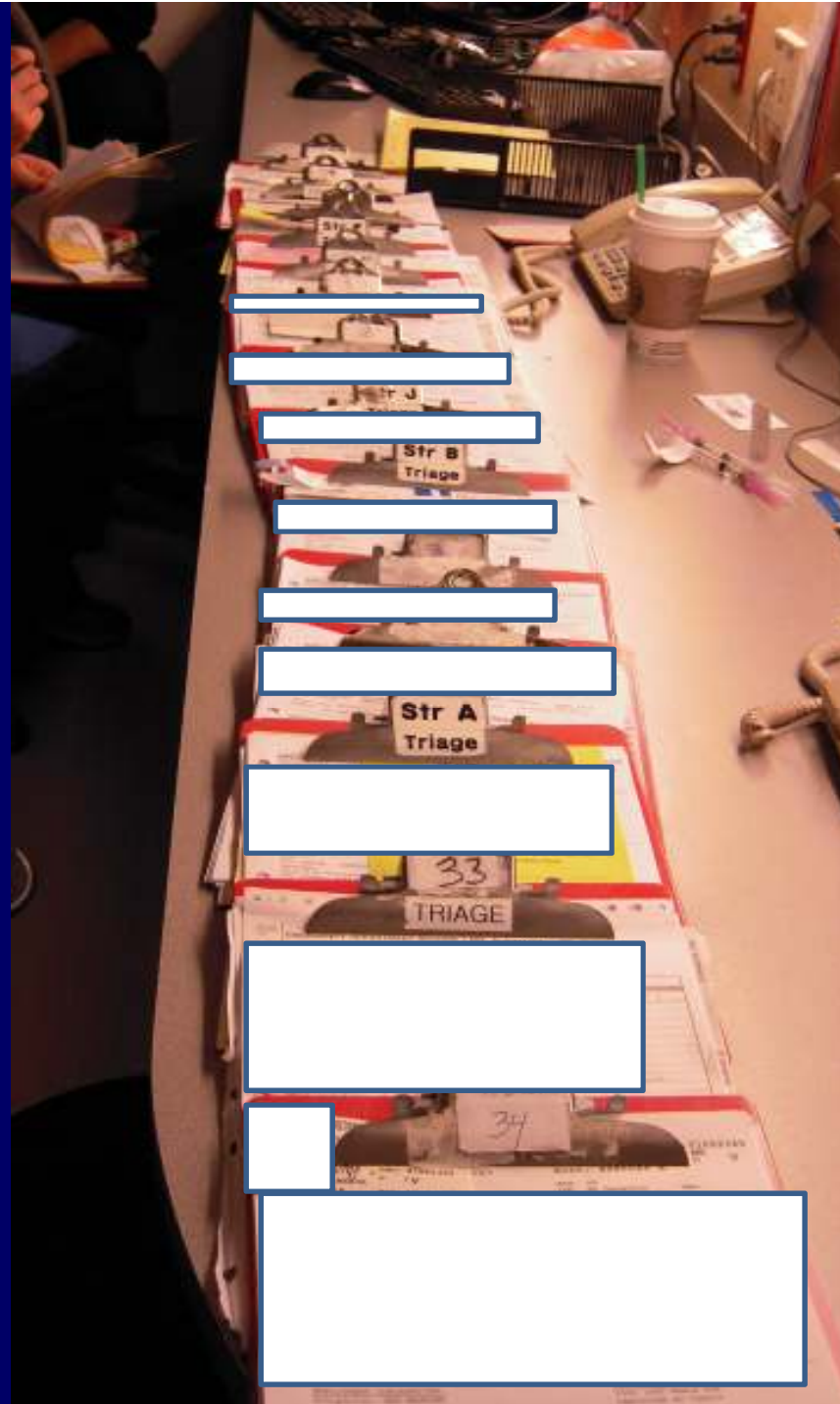
- Inadequate VGH Emergency Physician staffing
 - A one size fits all “workload model”
 - a) failed APP negotiations: predicted FTE’s were not funded to the full level when predicted 4 years ago and
 - b) WLM fails VGH – It does not recognize the complexities of a major quaternary care Canadian teaching hospital
- Continuing “Access Block”
 - boarding of admitted patients in the ED is killing the ability of the VGH ED to function as an Emergency Department
 - Patients are being denied timely care and dignified treatment

VGH ED Entrance Area on January 13 , 2010 – A “Typical Day”



Unseen patient charts for some of the 23 patients at Triage who are unable to get in to care spaces because of the 40 patients in the ED waiting to move to inpatient spaces.

Orders are lost
Patients suffer



Emergency Department Census Facility VEP Department ED Area All areas
C Full C Empty R Occupied

Med Sort | Lavatory Sort | Provider Sort | Order Status

Adm	Bed	Tr	Di	Procedure	Adm	Chief Complaint	ICD	CH	TV	Chg	DM	Physician	PHN	RR	Bed	LT	
ACWR	01	4			21	Local swelling/redness, looks	N	M								03	
ACWR	02	1			21	Disseminated hives/unc	N	Y				DRSHNE				03	
ACWR	03	3			79	Ischemic chest pain, sharp & sec	N	M								03	
ACWR	04	3			98	Substance abuse/behav, coc	N	Y			PSC	PSC	MOSEB, M	4:00p	R	07	
ACWR	05	3			95	Substance abuse/behav, GC	N	M								07	
ACWR	07	3			52	Local swelling, R/O cellulite	N	M								04	
ACWR	08	3			43	Acute stress/panic attacks	N	M				HEU	MOEWE			02	
ACWR	09	2			24	Violent behavior, self-h	N	M			PSC	PSC	MOEWE			03	
ACWR	10	2			71	Anxiety, restlessness/agitation	N	M								01	
ACWR	11	4			53	Scrambled leg feel, no	N	M			GE	GE	MOEWE			07	
ACWR	12	3			79	Collapse w/LOC-Voluntary	N	M								03	
ACWR	13	3			20	Violent behavior, self-h	N	M					DRSHNE			04	
ACWR	14	3			77	Acute stress/panic attacks	N	M								03	
ACWR	15	3			92	Chest pain, cardiac features	N	Y								03	
ACWR	16	2			71	Extreme weakness/fatigue	N	M								07	
ACWR	ST-A	3			88	Substance abuse/behav, GC	N	Y								03	
ACWR	ST-B	4			94	Neck swelling, fever, looks	N	M								03	
ACWR	ST-D	3			62	Back pain, severe	N	M			SP	FR	MOSEB, M	4:30p	R	07	
ACWR	ST-E	2			68	Chest pain, cardiac features	N	M					DRSHNE			04	
ACWR	ST-F	3			70	Acute stress/panic attacks	N	M								03	
ACWR	ST-G	3			81	Headache/neck stiffness/grd an	N	M			MD	MD	MOSEB, M			07	
ACWR	ST-H	3			32	Violent behavior, self-h	N	M			PSC	PSC	MOSEB, M	4:00p	R	07	
ACWR	ST-I	4			84	Acute stress/panic attacks	N	M								02	
ADA	A01	4			90	R Orthopedic/trauma	N	M								03	
ADA	A02	3			55	Z Acute pain/head 4-epileptic	N	M			FF	HM	DR			02	
ADA	A03	2			90	R Orthopedic/trauma	N	M			FF	MD	MOSEB, M			07	
ADA	A04	2			70	Fever, body aches	N	M			DRJ	HM	DR			05	
ADA	A05	3			50	Chest pain / no cardiac feat	N	M			COJ	COJ	MOEWE			03	
ADA	A06	4			81	Lower extremity pain, insect	N	R			CTR	D	HM	DR	7:10p	R	05
ADA	A07	1			80	Mild/moderate respiratory dis	N	M			MD	MD	MOSEB, M			10	
ADA	A08	2			87	Dysrhythmic/arrhythmias, ab	N	X			MD	MD	HM	DR		01	
ADA	A09	3			81	Mild/moderate respiratory dis	N	M			RSP	MD	HM	DR		06	
ADA	A10	3			81	Mild/moderate respiratory dis	N	M					HM	DR		03	
ADA	A11	2			40	Dysrhythmic/arrhythmias, ab	N	R					HM	DR		03	
ADA	A12	1			75	Orthopedic/trauma	N	R			STR	HEU	DRSHNE	7:00p	R	01	
ADA	A14	2			88	Dysrhythmic/arrhythmias, ab	N	X			COJ	C	DRSHNE			03:07	
ADA	A15	3			48	Upper extremity pain/w/act	N	Y								00:18	
ADA	A16	3			62	Chest pain/rapid assessment	N	X			TRA	TRA	DRSHNE	3:00p	R	02:59	
ADA	RT-02	2			72	Hypertension/hypotension	N	M			NEJ	DR	BRUSAC	1:10	R	10:30	
ADA	ST-A	3			68	Orthopedic/trauma	N	M			FP	FP	MOSEB, M	7:10p	R	06:47	
ADA	ST-B	3			68	Mild/moderate respiratory dis	N	M			MD	MD	CAMPE	3:20p	R	1:01:20	
ADA	ST-C	3			50	Mild/moderate respiratory dis	N	M					ENG	MOEWE		10:07	
ADA	ST-E	2			50	Dizziness, lightheaded	N	M			MD	MD	MOSEB, M	3:20p	R	09:04	
ADA	ST-F	3			45	V Hx of head LOC DCD 18 sh	N	M					D	MOSEB, M		05:30	
ADA	ST-H	3			68	Acute pain/head 4-epileptic	N	X			GGJ	HM	DR	3:10p	R	05:50	
ACB	B01	4			75	Back pain, moderate	N	M			SP	MD	MOSEB, M	3:00p	R	13:50	
ACB	B02	4			60	Acute stress/panic attacks	N	M			GE	GE	MOSEB, M	2:10p	R	13:08	
ACB	B03	3			68	Orthopedic/trauma	N	R			NEU	HM	DR	3:20p	R	04:23	
ACB	B04	3			72	Chest pain / no cardiac feat	N	X			FR	FR	MOEWE	4:55p	R	10:56	
ACB	B05	1			53	Moderate respiratory distress	N	M			MD	MD	BRUSAC	4:10p	R	14:30	
ACB	B06	2			62	Back pain, severe	N	M			MD	MD	CAMPE	3:20p	R	1:07:04	
ACB	B07	1			82	Acute stress/panic attacks	N	R					D	HM	DR	04:44	
ACB	B08	2			81	Chest pain/w/epi-look	N	R			COJ	C	MOEWE			04:33	
ACB	B09	2			88	Mild/moderate respiratory dis	N	M			MD	MD	MOEWE	12:3	R	1:03:30	
ACB	B10	2			88	Mild/moderate respiratory dis	N	M			MD	MD	CHANG, B	7:50p	RP	1:08:14	
ACB	B11	3			71	Past-20 complications, looks	N	R			GGJ	HM	DR			1:14:44	
ACB	B12	3			50	Nausea/vomiting, looks unwell	N	X					SULSMA, J			04:01	
TR	01	3			40	Local swelling/redness, looks	N	M			MD	MD	LEE, T	12p	R	18:34	
TR	02	3			54	Nausea/vomiting, looks unwell	N	M			MD	MD	CHAHAL	12p	R	12:56	
TR	04	4			68	Preg-20 w/abg bleed, looks	N	X					RASS, W			04:10	
TR	05	3			44	Post-op complications, looks	N	M			MD	D	MCLAUG			07:58	
TR	06	2			27	Cold painless limb, swollen	N	M					VAS	RASS, W		08:50	
TR	07	4			29	Preg-20 w/abg bleed, looks	N	M					RASS, W			08:51	
TR	08	4			48	Chest pain w/ minor chest ag	N	M					RASS, W			01:41	
TR	09	3	M		38	Soft/firm w/ epigastric pain	N	M					SULSMA, J			02:19	
TR	10	4			45	Laceration, controlled bleed	N	M					SULSMA, J			03:22	
TR	11	4			87	Minor complaints/unclear	N	M			MD	MD	SWEET, D	4:32p	R	1:07:04	
TR	CH-0	4			69	FAST TRACK IV Antibiotics	N	M			MD	MD	FRASER, W			00:37	
TR	CH-1	4			69	FAST TRACK IV Antibiotics	N	M					MCLAUG			00:44	
TR	MD	4			30	Z Lower extremity pain, insect	N	M					MCLAUG			01:30	
TR	ST-A	3			61	Back pain, severe	N	M					RASS, W			04:37	
TR	ST-B	4			64	Neck swelling, looks well	N	X					RASS, W			02:01	
TR	ST-C	3			68	Acute pain/head 4-epileptic	N	R					RASS, W			04:50	
TR	WR-01	2			31	FAST TRACK w/abg T&C	N	Y								00:00	
TR	WR-02	3	M		17	Hypotensive mod pain/grnd	N	Y								00:31	
TR	WR-04	4			17	Rash, general/dermatologic	N	Y					D	SULSMA, J		02:34	
TR	WR-05	4			18	Post-20 complications/looks	N	X								03:11	

VGH ED Census on Jan 13 @ 19:30. "A typical day"

- 79 patients in a 29 stretcher ED
- 40 patients who have already been seen who are waiting to be admitted to the hospital
- 23 already admitted patients blocking ED beds (5 of these for over 24 hours) – "R" beside name means inpatient bed
- "R" requested plus an additional 16 referred patients that will be admitted (total 40)
- 24 patients at Triage (in waiting room, on stretchers, lost charts, lost orders, stressed RN's & MD's, 2 critical incidents
- 17 patients not yet seen by a physician
- 30 sick patients in dangerous hallway or waiting room spaces (red bars)

Immediate Solutions

- Urgent proper level of funding for adequate Emergency Physician staffing at VGH
- BC Government to enforce the BCMA target at VGH (by implementing financial penalties for the hospital if targets are not met) eg “reverse P4P”
 - *That all admitted patients must be transferred out of an Emergency Department to an inpatient area within two hours following a decision to admit.*

**Emergency Department Overcrowding
BCMA Policy Backgrounder
November 2006
BCMA Position**

- *That the BC government establish a maximum Emergency Department length of stay benchmark of less than six hours (from arrival to Emergency Department exit).*
- *That all admitted patients must be transferred out of an Emergency Department to an inpatient area within two hours following a decision to admit.*
- *That overcapacity protocols be rapidly implemented in all BC hospitals, and used as a short-term solution until functional acute care capacity is sufficient.*
- *That all BC hospitals optimize bed management strategies to ensure the appropriate use of existing and future acute care beds.*
- *That the BC government sufficiently increase the number of functional acute care beds to achieve regular hospital occupancy rates which do not exceed 85%.*

